Under the Personnet Reduction Act of 1995, no corresponding to respond to a collection of information unless it displays a write Other control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									Applic	Application or Docket Number				
APPLICATION AS FILED – PART I (Cotumn 1) (Cotumn 2) SMALL ENT										ENTITY	OR		OTHER THAN	
FOR			NUMB	ER FILED	NUM	BER EXT	ER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))				N/A		NA			N/A		]	N/A		
SE	ARCH FEE CFR 1.1600), (7), or (			N/A		N/A			N/A		1	N/A		
EXAMINATION FEE (37 CFR 1.15(o), (p), or (q))				N/A		N/A		1	N/A		1	N/A		
TOTAL CLAIMS (37 CFR 1.16(i))				minus 2	0 = 0			1	X =		OR	x =		
IND	EPENDENT CLA	IMS		minus 2	1				x =		1 "	x =		
"	CPR 1.10(n))		If the specification and drawings exceed 100					1		1	1	<del></del>		
FEE	PLICATION SIZE E CFR 1.16(s))		is \$250 (\$ additional	eets of paper, the application size fee due \$250 (\$125 for small entity) for each ditional 50 sheets or fraction thereof. See U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
MU	LTIPLE DEPEND								· N/A	<del>                                     </del>	1 .	··N/A		
	the difference in c					-		J	TOTAL		1	TOTAL		
"									IOIAL	L		IOIĄC		
APPLICATION AS AMENDED - PART II (Column 1) . (Column 2) (Column 3)								SMALL	ENTITY	OR	OR OTHER THAN SMALL ENTITY			
4 F	1/1/05	REM Al	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER PRESENT REVIOUSLY EXTRA			RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
賣	Total (37 CFR 1.15(7))	. 0	20	Minus	"20	20 "-			х =	i	OR	х =	1	
AMENDMENT	Independent .(37 CFR 1.18(h))	• ,	3	Minus	<sup></sup> 3	3 -			x =		OR	x =		
ME	Application Stz	e Fee (3	7 CFR 1.1	6(s))							1			
ď	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								N/A		OR	N/A	·	
						,			TOTAL ADD'L FEE	W	OR	TOTAL ADD'L FEE	W	
<u> </u>			ມກາກ <b>1</b> )		(Column 2)	(Col	amn 3)			r - 3	,			
X L	12/24/05	REM	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT TRA		RATE (\$)	ADDI- FIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
ME	Total (37 CFR 1.16(1))	0	20	Minus	20	=			X =		OR	х =	7	
ENDMENT	tndependent (37 CFR 1.16(h))	•	3	Minus	<b>"</b> 3	•			X =		OR	х =		
AME											1			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.150)							N/A		OR	N/A			
								•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.





## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number
Application or Docket Number 10/73/983
62 200-11-12
61-600

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		20					RATE	FEE		RATE	FEE	
FC	DR		NUMBER	FILED	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
тс	TAL CHARGEA	BLE CLAIMS	20 mir	us 20=	• -			X\$ 9=		OR	X\$18=		
INC	EPENDENT CL	AIMS	3 mi	3 minus 3 =  *				X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If	the difference	,	TOTAL		OR	TOTAL	770						
CLAIMS AS AMENDED - PART II											OTHER	-	
		(Column 1)	· · · · · ·	(Colur		(Column 3)	١,	SMALL 8	ENTITY	OR	SMALL	ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	*	Minus	A-8	<del> </del>	=		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	***	- 01 4194	=	<b>↓                                    </b>	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=										OR,	+290=		
										OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)							
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F		EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	]	X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
							L	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	IG HIGHEST NUMBER PREVIOUSLY		EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	t.	Minus	WH.	·	<b>.</b>	] [	X\$ 9= .		OR	X\$18=		
	Independent	<u></u>			=	1	X43= .		OR	X86=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													